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| Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual | Subchapter Number and Title 4. Program Regulations (130 CMR 401.000) | Page 4-3 |
| | Transmittal Letter LAB- 35 Draft | Date 04/01/10 01/01/14 |

401.405: Laboratory Services Provided outside of Massachusetts

When provided out of state, independent clinical laboratory services are reimbursable only if

- (A) the member is temporarily out of state and requires clinical laboratory services under the circumstances described in 130 CMR 450.109;
- (B) the MassHealth agency determines that the independent clinical laboratory services required by the member are not available from any laboratory in Massachusetts; or
- (C) the out-of-state independent clinical laboratory is a subsidiary-related entity of an in-state independent clinical laboratory that is enrolled in MassHealth.

(130 CMR 401.406 through 401.409 Reserved)

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| Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Clinical Laboratory Manual | Subchapter Number and Title 4. Program Regulations (130 CMR 401.000) | Page 4-4 |
| | Transmittal Letter LAB- 35 Draft | Date 04/01/10 01/01/14 |

401.410: Covered Services

MassHealth covers independent clinical laboratory services that are medically necessary for the diagnosis, treatment, and prevention of disease, and for the maintenance of the health of MassHealth members, subject to all restrictions and limitations described in 130 CMR 401.000 and 450.000.

401.411: Noncovered Services and Payment Limitations

- (A) The MassHealth agency does not pay separately for routine specimen collection and preparation for the purpose of clinical laboratory analysis (for example, venipunctures; urine, fecal, and sputum samples; Pap smears; cultures; and swabbing and scraping for removal of tissue). The cost for such services is included in the payment for conducting the test and analysis.
- (B) The MassHealth agency does not pay for the following services:
 - (1) laboratory tests associated with male or female infertility; unless those tests are for diagnostic purposes;
 - (2) calculations (for example, red cell indices, A/G ratio, creatinine clearance), and ratios calculated as part of a profile;
 - (3) tests performed for experimental or clinical investigational purposes (e.g., to establish safety and effectiveness), or that are themselves experimental or clinically investigational;
 - (4) tests performed only for purposes of civil, criminal, administrative, or social service agency investigations, proceedings, or monitoring activities;
 - (5) tests performed for residential monitoring purposes;
 - (6) tests performed to establish paternity;
 - (7) post-mortem examinations;
 - (8) tests where the request is not in accordance with 130 CMR 401.416;
 - (9) tests that are not medically necessary as defined in 130 CMR 450.204; and
 - (10) any other tests or activities performed for any purpose other than those described in 130 CMR 401.410.
- (C) The MassHealth agency does not pay an independent clinical laboratory for services that the laboratory is not certified by CMS to perform.

401.412: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

The MassHealth agency pays for all medically necessary laboratory services for EPSDT-eligible members in accordance with 130 CMR 450.140 et seq., without regard to service limitations described in 130 CMR 401.000, and with prior authorization.

(130 CMR 401.413 and 401.414 Reserved)